Student Nurses’ Association (SNA)

Local Application

Name: ____________________________ Date: __________

Phone Number: _____________________

E-mail address: _____________________

Please check the appropriate box:

Level in nursing:  □ Pre-nursing  □ Level 1  □ Level 2  □ Level 3  □ Level 4

Local chapter membership dues $5.00 per semester:

Requesting membership for:  □ Fall  □ Spring  □ Fall & Spring

amount paid__________

Method of payment:  Check □  Cash □

New membership: □  Membership renewal: □

Please complete and deliver to an SNA advisor (with payment) or mail to UNA Box number 5280. If you have any questions contact the College of Nursing at 256-765-4580.